

File Number:

084 -01859

For the reporting period
ended December 31, 2007



08025021

OMB Approval

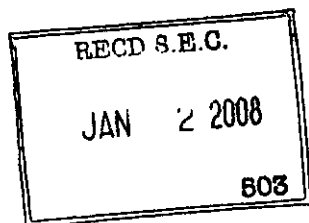
OMB Number: 3235-0337

Expires: September 30,
2006

Estimated average burden
hours per response
..... 6.00

Estimated average burden
hours per intermediate
response..... 1.50

Estimated average burden
hours per minimum
response..... .50



**UNITED STATES
SECURITIES AND EXCHANGE
COMMISSION
Washington, D.C. 20549**

FORM TA-2

**FORM FOR REPORTING ACTIVITIES OF TRANSFER AGENTS
REGISTERED PURSUANT TO SECTION 17A OF THE
SECURITIES EXCHANGE ACT OF 1934**

**ATTENTION: INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT
CONSTITUTE FEDERAL CRIMINAL VIOLATIONS.
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)**

Form Version 1.1.0

☐ Check to show blank form for printing

* = Required

Form Instructions

1(a). Filer CIK:

0000853926

1(b). Filer CCC:

v@wo8dsm

1(c). Live/Test Filing? ☐ Live ☒ Test

1(d). Return Copy? ☒ Yes

1(e). Is this filing an amendment to a previous filing? ☐ Yes

The registrant may provide a single e-mail address for contact purposes.

1(f)(i). Contact Name:

LAURA E RISTVEDT

1(f)(ii). Contact phone Number:

615-250-8681

1(f)(iii). Contact E-mail Address:

LRISTVEDT@SOUTHEASTVENT...

PROCESSED

FEB 08 2008

**THOMSON
FINANCIAL**

The registrant may provide additional e-mail addresses for those persons the filer would like to receive notification e-mails regarding the filing.

1(g). Notification E-mail Address:

1(h). Full Name of Registrant as stated in Question 3 of Form TA-1:

Southeast Acquisitions III, LP

2(a). During the reporting period, has the Registrant engaged a service company to perform any of its transfer agent functions?

☐ All

☐ Some

☒ None

8
20
4

2(c). During the reporting period, has the Registrant been engaged as a service company by a named transfer agent to perform transfer agent functions?

☐ Yes

☒ No

3(a). Registrant's appropriate regulatory agency (ARA):
Securities and Exchange Commission

3(b). During the reporting period, has the Registrant amended Form TA-1 within 60 calendar days following the date on which information reported therein became inaccurate, incomplete, or misleading?

☐ Yes, filed amendment(s)

☐ No, failed to file amendment(s)

☒ Not applicable

If the response to any of questions 4-11 below is none or zero, enter "0."

4(a). Number of items received for transfer during the reporting period: 0

4(b). Number of individual securityholder accounts for which the TA maintained master securityholder files: 709

5(a). Total number of individual securityholder accounts, including accounts in the Direct Registration System (DRS), dividend reinvestment plans and/or direct purchase plans as of December 31: 0

5(b). Number of individual securityholder dividend reinvestment plan and/or direct purchase plan accounts as of December 31: 0

5(c). Number of individual securityholder DRS accounts as of December 31: 0

5(d). Approximate percentage of individual securityholder accounts from subsection (a) in the following categories as of December 31:

5(d)(i) Corporate Equity Securities	5(d)(ii) Corporate Debt Securities	5(d)(iii) Open-End Investment Company Securities	5(d)(iv) Limited Partnership Securities	5(d)(v) Municipal Debt Securities	5(d)(vi) Other Securities
0	0	0	100	0	0

11(a). During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

11(a)(i) Date of Database Search	11(a)(ii) Number of Lost Securityholder Accounts Submitted for Database Search	11(a)(iii) Addresses Obtained from Database Search

11(b). Number of lost securityholder accounts that have been remitted to states during the reporting period: 5

SIGNATURE The Registrant submitting this Form, and the person signing the Form, hereby
: represent that all the information contained in the Form is true, correct, and
complete.

12(a).Signature of Official responsible for Form: LAURA E RISTVEDT	12(b).Telephone number: 615-833-8716
12(c).Title of Signing Officer: Controller	12(d).Date signed (Month/Day/Year): 12/28/2007

13. Related Documents/Attachments

13(a). File Name:

13(b). Type of
Attachment:

Select...

13(c). Type of
Attachment

Additional
Description:

13(d). Attachment
Description:

13(e). File:

☒ File Attachment

END